

* * * Communication Result Report (Mar. 11. 2011 3:34PM) * * *

1)
2)

Date/Time: Mar. 11. 2011 3:34PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
4299	Memory TX	94107861048	P. 2	OK	

Reason for error

E. 1) Hang up or line fail
 E. 3) No answer
 E. 5) Exceeded max. E-mail size

E. 2) Busy
 E. 4) No facsimile connection



CABINET FOR HEALTH AND FAMILY SERVICES
 DEPARTMENT FOR MEDICAID SERVICES

Steven L. Beshear
 Governor

275 E. Main Street, 6th-A
 Frankfort, KY 40321
 (502) 594-4321
 Fax: (502) 594-0509
 www.dhs.ky.gov

Janie Miller
 Secretary

Neville Wise
 Acting Commissioner

Fax

To: Ed Hutton From: Kristina Hayden
 Fax: (410) 786-1048 Pages (including cover): 2
 Phone: (410) 786-1048 Date: 3/11/11
 Re: _____ CC: _____
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COMMENTS:

Commonwealth of Kentucky's completed NOI for MRAD.

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CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Steven L. Beshear
Governor

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Janie Miller
Secretary

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Acting Commissioner

Fax

To: Ed Hutton From: Kristina Hayden
Fax: (410) 786-1048 Pages (including cover): 2
Phone: (410) 786-6666 Date: 3/11/11
Re: _____ CC: _____
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COMMENTS:

Commonwealth of Kentucky's completed NOI for MIPCD.

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ATTACHMENT

Notice of Intent to Apply

Submission:

- By Facsimile - Preferred Fax: 410-786-1048
- By PDF file of the "Intent to Apply" to Edward.Hutton@cms.hhs.gov.

Please complete and return by **April 4, 2011** to:

Ed Hutton
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Mail Stop C4-14-15
Baltimore, MD 21244-1850
Phone: 410-786-6616, Fax: 410-786-1048

1. Name of State: Commonwealth of Kentucky
2. Applicant Agency/Organization: Department for Medicaid Services
3. Contact Name and Title: Kristina Hayden, Internal Policy Analyst
4. Address: Mailstop 6W-A, 275 East Main Street, Frankfort KY 40621
5. Phone: (502) 564-4321 ext 2001 Fax: (502) 564-0509
6. E-mail address: Kristina.Hayden@ky.gov